

PTO/SB/81 (06-03)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/077,885
	Filing Date	2/14/2002
	First Named Inventor	Garrett Andrew Smith
	Title	BICYCLE CHAINRING FASTENER SYSTEM
	Art Unit	3682
	Examiner Name	Marcus Charles
	Attorney Docket Number	2607.006

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☒ Applicant/Inventor☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/80)

SIGNATURE of Applicant or Assignee of Record

Name	Garrett Andrew Smith
Signature	
Date	Nov. 11, 2003
Telephone	805-549-0807

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/077,665	
	Filing Date	Feb 14, 2002	
	First Named Inventor	Garrett Andrew Smith	
	Art Unit	3682	
	Examiner Name	Marcus Charles	
Total Number of Pages in This Submission	2	Attorney Docket Number	2607.008

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	SINSHEIMER, SCHIEBELHUT & BAGGETT by Thomas F. Lebens (Reg. No. 38221)
Signature	
Date	January 13 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. VIA 703-872-9306			
Type or printed	Thomas F. Lebens	Date	January 13 2004
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